COMMONWEALTH OF KENTUCKY
DEPARTMENT OF WORKERS CLAIMS
CLAIM NO. _____
BEFORE _____

_____ PLAINTIFF
(EMPLOYEE)

VS. **NOTICE OF FILING OF MEDICAL REPORT**
OF DR. _____
(DOCTOR'S NAME)

_____ DEFENDANT(S)
(EMPLOYER)

_____
(**OTHER DEFENDANTS)**

_____
(**SPECIAL FUND)**

****

Comes the plaintiff, _____ , and files the medical report/statement dated
(EMPLOYEE)
_____ from Dr. _____, as evidence on his/her behalf. _____ DWC Medical Qualification Index number is _____ or his/her CV is attached.

AFFIDAVIT

I, _____, do hereby state that the attached medical report is a
(EMPLOYEE)
true and exact copy of the document supplied to me by Dr. _____.
(DOCTOR'S NAME)

_____
(EMPLOYEE'S SIGNATURE)

Subscribed and sworn before me on this the _____ day of _____, 20_____.

_____
NOTARY PUBLIC, KY at Large

My Commission expires: _____ County:_____

Respectfully submitted,

_____

(Employee's Signature)

_____

(Employee's Street Address)

_____

(Employee's City/State/Zip Code)

Notice: Any person who knowingly and with intent to defraud any insurance company or other person files a statement or claim containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact commits a fraudulent insurance act, which is a crime.

CERTIFICATE OF SERVICE

I certify that the original of this Notice was mailed to the Department of Workers Claims, Prevention Park, 657 Chamberlin Avenue, Frankfort, Kentucky 40601 and copies of this Notice and attachments were mailed to the names and addresses of the parties given below:

Attorney for Employer or Insurance Carrier_____
if applicable: **(Attorney Name or Law Firm)**

_____

(Attorney Address or Law Firm Street Address)

_____

(Attorney Address, City/State/Zip)

Employer or Insurance Carrier:

_____

(Company Name or Employer Name)

_____

(Company or Employer Street Address)

_____

(Company or Employer City/State/Zip)

Other Parties, if applicable: _____

(Name of Party)

_____

(Party Street Address)

_____

(Party City/State/Zip)

This _____ day of _____, 20_____.

_____

(Employee's Signature)